

North Carolina – Treatment Outcomes and Program Performance System (NC-TOPPS)

Advisory Committee

January 26, 2006 Meeting Minutes

Attendees

Member/Representatives:

Sonja Bess	Mental Health Services of Catawba County
Sharon Garrett	Vision Consulting, LLC
Dan Herr	Consumer Representative
Mackie Johnson	Piedmont Behavioral Health (PBH)
Eric Luttmner	Coastal Horizons Center, Inc.
Mary Jane McGill	Partnership for a Drug Free NC
Connie Mele	Mecklenburg County Area MH, DD, SA Authority
Becky Page	Southeastern Center for MH, DD & SAS
David Peterson	Wake County Human Services
Andy Smitley	Sandhills Center for MH, DD & SAS
Janice Stroud	The Durham Center Providing Behavioral Health & Disability Services

Guests:

Margaret Clayton	Five County
Tad Clodfelter	SouthLight
Richard Edwards	Easter Seals UCP
Janis Kupersmidt	Innovation Research and Training, Inc.
Christina Rausch	Private Contractor

Staff:

Spencer Clark	Division of Mental Health Developmental Disabilities and Substance Abuse Services (DMHDDSAS)
Shealy Thompson	DMHDDSAS
Karen Eller	North Carolina State University's Center for Urban Affairs and Community Services (NCSU CUACS)
Jaclyn Johnson	NCSU CUACS
Kathryn Long	NCSU CUACS
Mindy McNeely	NCSU CUACS
Marge Cawley	National Development and Research Institutes, Inc. (NDRI)
Gail Craddock	NDRI
Bob Hubbard	NDRI

Meeting Convened

- Mindy McNeely convened the meeting at 10:00 a.m. with self-introductions.

October 27, 2005 Meeting Minutes Approved

Tracking Report Update

- Shealy Thompson, DMHDDSAS, lead the discussion. She explained three reports would be sent out by the Division.
- The first is a “Monthly NC-TOPPS Initial Assessments Tracking Report” which includes new admissions to target populations for the previous month and will be released around the 20th. Shealy warned that this report could be an inaccurate list of who needs an Initial because it doesn’t remove any exempt services. Nonetheless, it is being distributed since the LMEs requested it.
- The second report titled “NC-TOPPS Dual Disability Exemption Report” will go out around the 20th of the month following the end of each quarter and will include people who were admitted the previous quarter into a MH and/or SA target pop and DD target populations.
- The third report is the quarterly “Initial NC-TOPPS Compliance Report” and will also be released around the 20th of the month following the end of each quarter. This report includes consumers who should have had an Initial submitted. The information in this report has a 90 day lag time. For example, the January report includes consumers admitted July – September. Shealy added that the LMEs are doing much better than they did on the last report.

Update on Online Submissions

- Mindy McNeely, CUACS, updated the Committee on the number of online submissions we have had between July 1, 2005 and January 25, 2006. The total number of Initial Assessments is 44,329 and Update Assessments is 21,962, with a grand total of 66,291 Assessments submitted. McNeely then broke down the numbers further: 8,709 SA only Initials submitted, 21,420 MH only Initials submitted, 4,200 SA and MH (dual diagnosis) Initials submitted, 9,249 SA only Updates submitted, 10,155 MH only Updates submitted, and 2,558 SA and MH (dual diagnosis) Updates submitted.
- David Peterson, Wake County Human Services, asked if there might be a difference in submissions because of lack of training or no access to the web. Janice Stroud, Durham Center, responded that she has not had that problem because everyone has had the opportunity to be trained and has access to the web.

Super User Capabilities Update

- Karen Eller, CUACS, reviewed the queries that were added to the Super User capabilities. She noted that regular users now have the ability to see their own Initials and Updates submitted in the past 90 days as well as the ability to re-print their own submitted Assessments.
- Janice Stroud asked if the type of Update Assessments could be changed in the system after submission. Karen answered yes, but they need to contact CUACS to do so.
- A question was asked if an Initial that has not been done, should be completed if it will be very late. Kathryn Long, CUACS, responded yes and also added that the 3-

month Update should be completed 3 months after the Initial's submission date.

Data Use on Practice: SouthLight's Experience

- Tad Clodfelter from SouthLight introduced himself and provided a PowerPoint Presentation with data handouts. (Please contact Cawley@ndri-nc.org for the handouts.)
- Clodfelter began by requesting the audience to participate in an active conversation with him during his presentation. He opened by describing that all SouthLight consumers participate in NC-TOPPS.
- SouthLight presents and distributes data to staff via annual reports provided by Gail Craddock at NDRI. The staff examines the data as a group to gain input from all and to avoid any misinterpretation. A member asked how the staff responds to the data. Does it motivate them to determine ways to improve how they serve their consumers? Clodfelter responded that since the reports do not provide findings it is been hard to engage clinicians. It has been difficult to convey to staff the importance of continuing to collect the data when they are unable to assess specific conclusions.
- Dave Peterson asked what changes has SouthLight made to operationalize NC-TOPPS results and has the tool changed SouthLight's processes? Clodfelter responded that the Executive Director has a high interest in the data. The Executive Director takes the time to analyze it and then has conversations with appropriate staff to determine if and what changes need to be made.
- It was noted that the reports provide a high level of information about the participating consumers. For the State, NC-TOPPS data helps connect the dots on what is being done. The information needs to be put in a context for the State, the LME, the provider and the consumer. Janice Stroud added she wants to look at data from a holistic perspective in order to generalize how well the consumer is doing.
- It was noted that with the quadrupling of the data we are getting, we need to begin looking at treatment programs, services and populations. Spencer Clark, DMHSADD, agreed. He specifically plans to have this conversation for the high management and DWI populations.
- In light of the concern to motivate clinicians to use NC-TOPPS and the new service definitions, Dave Peterson encourages meetings with providers in order for input to be gathered concerning which queries providers would like to see and utilize. Mindy McNeely stated that such sessions have been held where we elicited input from providers. We have begun a list of queries providers would like.

SFY 2006, Mental Health and Substance Abuse Initial Assessments Reports First Six Months

- Gail Craddock, NDRI, distributed and introduced two newly drafted reports entitled, "Adult Mental Health Consumer, Draft LME, by Provider" and "Adult Mental Health Consumers Statewide Report, by Gender and Age." Both reports are in tabular format.
- Craddock also distributed a diagram which presented all reports that are currently available and ones that will be available in the future.

- Please contact cawley@ndri-nc.org if you would like Craddock's handouts.
- Craddock presented two questions to the Committee.
 - What are your data or report template priorities?
 - If these reports do not satisfy your needs, what would?
- Members shared some specific interest, such as getting reports for CARF review. Craddock invited members to call her with their requests.

Report Presentation and Discussion

- Shealy Thompson and Spencer Clark both presented issues and highlights of the following Initial Assessment Reports which include data from July 1, 2005 to December 31, 2005: "Adult Substance Abuse Consumers Statewide Draft," "Adult Mental Health Consumers Statewide," and "Adolescent Mental Health Consumers (Ages 12-17) Statewide Draft."
- These reports have been presented to three other stakeholder groups who provided input to Division staff. The Advisory Committee will be the final review of these reports.
- Committee members provided feedback on the Adult Mental Health (MH), Adult Substance Abuse (SA) and Adolescent Mental Health (MH) reports. The management team will review these suggestions and make changes where possible. Some recommendations will require changes in how the items are asked online.
- The following highlights examples of the Committee's input:
 - Chart 3-3 for Adult MH and Chart 4-3 for Adult SA, instead of showing "fair" or "poor" categories on "Consumer ratings on Quality of Life" "good" or "excellent" should be displayed. They expressed that showing the positive categories is more consistent with the State's strength-based treatment approach
 - Chart 4-2 for Adult MH and Chart 5-2 for Adult SA, change "psychological" to "emotional". Also in this item we need to capture the consumers need for medication. We should consider alphabetizing the categories. Can we break out between core treatment and ancillary services?
 - Chart 4-3 for Adult MH and Chart 5-3 for Adult SA, the item is useless as is, since almost all consumers are responding that they have family support or positive role models. We need to consider revisions to these items to make them more discerning.
 - Chart 4-5 for Adult MH and Chart 6-6 for Adult SA, change "religious" to "faith-based"
 - Chart 5-6, change categories on number of times moved residences in the past year to the following three categories: no moves; one; and two or more
 - We need to look at Update Assessments. We may need to repeat some items that we currently do not, such as "Have you ever been forced or pressured to do sexual acts?" We need to consider since consumers may defer an answer to this lifetime question at the Initial Assessment.
 - Chart 6-4 for Adolescent MH, consider providing percentages rather than just the frequency counts.
 - Chart 6-6 for Adolescent MH, change "ever used illicit drugs" to "ever used other illicit drugs".

- Chart 7-7 for Adolescent MH, consider adding a “poly” category
- Chart 6-2 for Adult MH, Chart 7-2 for both Adult SA and Adolescent MH, differentiate between mental health and substance abuse emergency room visit.
- One suggestion was to try to have the same page order and chart numbers across reports. However, division staff indicated that this was not feasible.
- Some attendees expressed interest in delving further into the data to be able to draw conclusions. Others expressed concern about improving the quality of the data. That is, clinicians need to make sure they are placing consumers in the appropriate target population. In the future, according to the Division, NC-TOPPS data on services and target populations will be cross checked with IPRS data.
- Overall the reports were received positively. Members indicated they would like to get these reports for their LMEs as soon as possible even before any further design changes are made.

Division Update

- Clark provided a brief Division update. He noted the approval by DMA of the Division’s service definitions that will go into effect on March 20, 2006. The Division has been busy preparing for the implementation of these service definitions.
- He shared that the Division is creating a Person Centered Plan (PCP) manual. The Community Policy Management Section is advocating the incorporation of NC-TOPPS with the development of the PCP.

Other

- Dan Herr, Consumer Representative, placed two specific requests. First, CFAC Chairs request they get copies of the NC-TOPPS reports. Second, he requests that a group of CFAC groups statewide choose a representative to report back to the Advisory Committee on their reporting desires. Clark indicated that individual CFACs should get their local reports from their LMEs.
- Members briefly discussed how to enhance providers’ use of NC-TOPPS data. Clark noted that on the list to do for NC-TOPPS is the providing of a clinical record profile narrative on each consumer.
- McNeely and Stroud reported on The Durham Center’s Super User Training that took place recently. McNeely commented that the session was very positive and interactive.

Wrap Up and Adjournment

- The meeting was adjourned at 3:00 p.m. The next meeting is scheduled for April 27, 2006 from 10 a.m. to 3 p.m.